

FILED MAY 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4386

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2621 Indiana Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 Years (Specify whether years, months or days)  
In this community 24 Years

3. (a) PRINT FULL NAME Elizabeth Horvath

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 7 1914  
(Month) (Day) (Year)

8. AGE: Years 29 Months 5 Days 2 If less than one day, hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ottawa Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation File Clerk

11. Industry or business City Hospital

12. Name Andrew Horvath

13. Birthplace Hungary  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Szasz

15. Birthplace Hungary  
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Horvath

(b) Address 2621 Indiana Ave.

17. (a) Burial (b) Date thereof May 13, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director Walter Alderle

(b) Address 3634 Grayoia Ave.

19. (a) MAY 12 1944 (b) J. F. Boudier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2621 Indiana Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1944 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis;  
Chronic Interstitial Nephritis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 131  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident; suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Walter Alderle (M. D. or other) \_\_\_\_\_

Address 3634 Grayoia Ave. Date signed 5/12/44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address.....

*St Paul Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**